

AUG 09 2006

Atty Docket No. 022193-010411US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Joseph C. Opare Abetia

Group Art Unit 2165

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I hereby certify that the following documents in re Application of Qing Yang, Application No. 10/659,127, filed September 10, 2003 for REMOTE ONLINE INFORMATION BACK-UP SYSTEM are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form, PTO/SB/21 (1 copy);
2. Extension of Time Request, PTO/SB/22 (1 copy, in duplicate);
3. Amendment (9 pages), and copy IDS filed 12/07/05 (4 pages).

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Dated: August 9, 2006

  
Rosario G. Ysip

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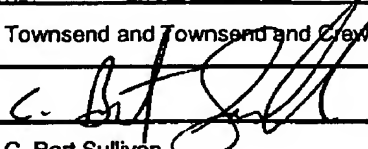
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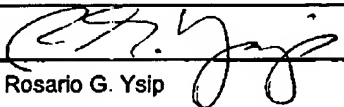
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PTO/SB/21 (09-04)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/659,127
	Filing Date	September 10, 2003
	First Named Inventor	Yang, Qing
	Art Unit	2165
	Examiner Name	Joseph C. Opare Abetia
	Attorney Docket Number	022193-010411US
Total Number of Pages in This Submission		-16-

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement (courtesy copy, as filed on 12/07/2005) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
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